

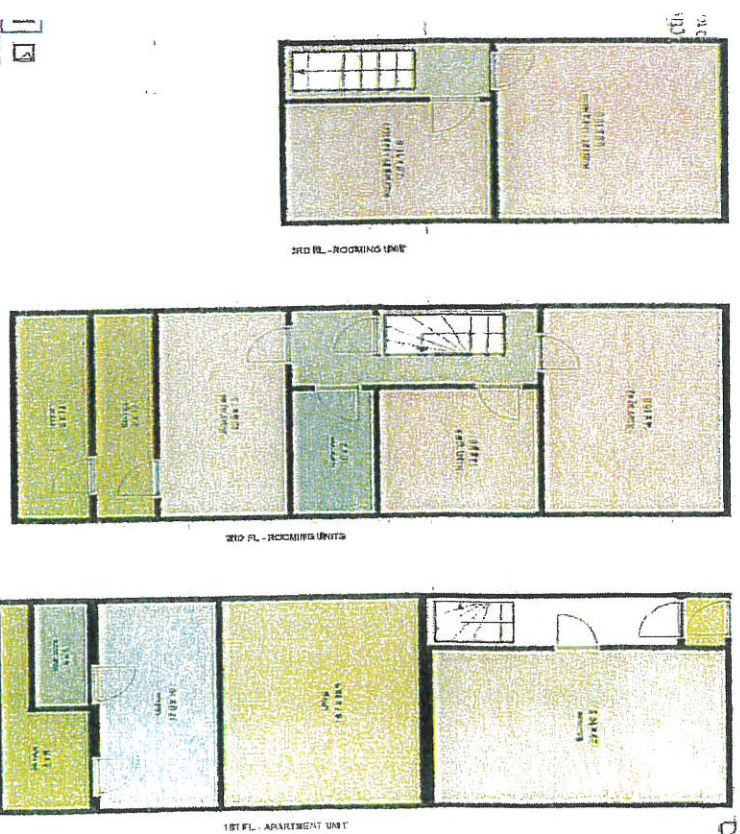
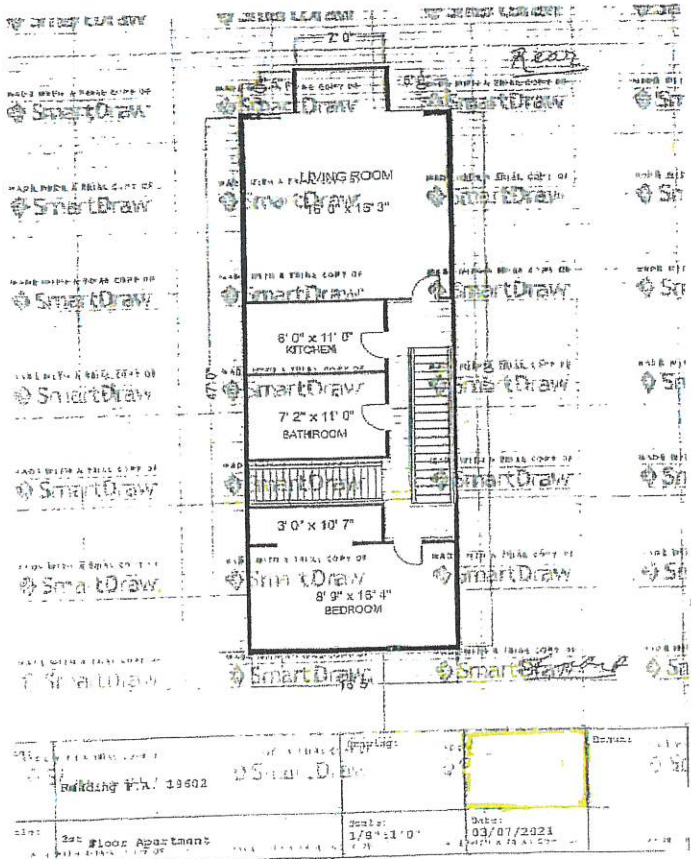
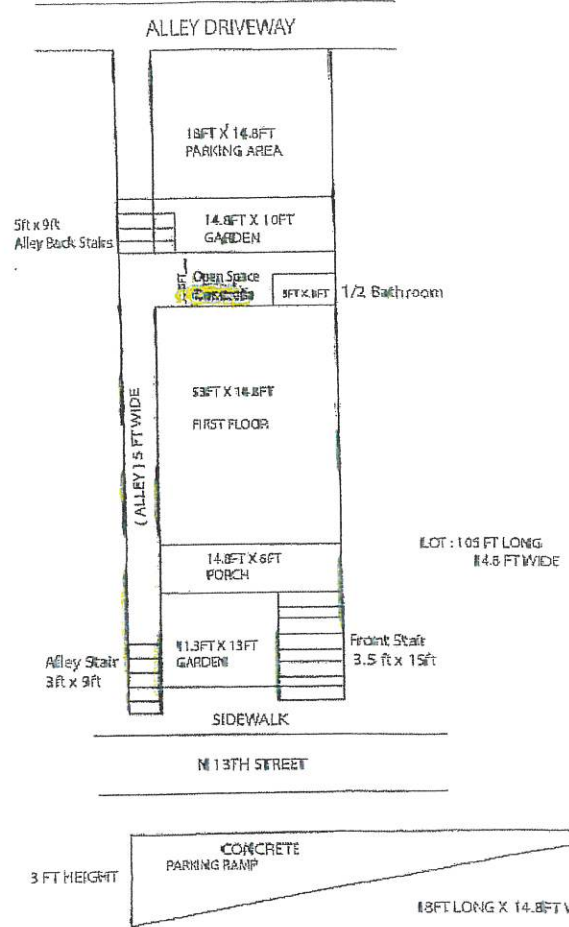
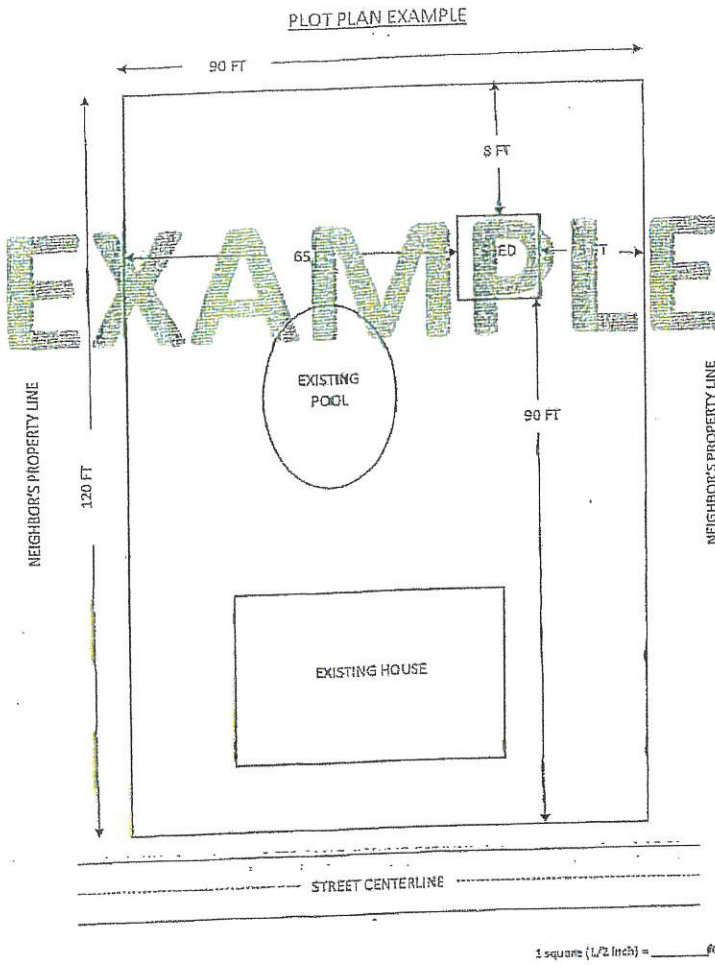
## **Zoning Permit Submission Requirements**

- ☐ **Signed Zoning Permit Application Form**
- ☐ **Payment of Applicable Fee(s) – for fee(s) schedule, visit [www.readingpa.gov/zoning-applications-forms](http://www.readingpa.gov/zoning-applications-forms)**
- ☐ **Property Owner Authorization:**
  - If the application is not signed by all record owners of the property, a written authorization by the property owner(s) must accompany the application. *For example: lease, contractor agreement, sales contract, or authorization letter.*
  - If owner is an entity (for example, an LLC), documentation of the authority of the person signing the form is required.
- ☐ **Plot Plan, Floor Plan which must:**
  - (1) Be drawn to scale (e.g., 1 inch=20 ft.)
  - (2) Show the dimensions (length x width) and area (in square feet) of the lot
  - (3) Show each existing building, structure, sign, and paved area on the lot along with all relevant dimensions for each
  - (4) Show each proposed/new building, structure, sign, or paved area along with the dimensions of each
  - (5) Show the distance between each proposed/new building or structure and the building setback line (if setback is not known, label the distance to the property line)
  - (6) Show and label each adjacent streets, alley and right of way (including sidewalks)
  - (7) Show all proposed and existing parking and loading areas with any proposed storm drainage facilities
  - (8) Describe adjacent land uses (if known)
  - (9) Show all required buffer zones, landscape areas, and lighting data (if applicable)
  - (10) Depict any other information requested by the Zoning Officer, including, but not limited to:
    - *Fences: length, height & construction material*
    - *Paved areas: pavement surface material*
    - *Swimming pools: buffer distance around pool & fence location*
    - *Home occupations: proof of residency*
    - *Yard sales: proof of residency & dates of operation*
    - *Dwelling units & commercial uses: floor plan showing the use, dimensions (feet) & area (square feet) of each room*

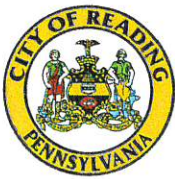
**\*You must provide a completed Zoning Permit Application in order for us to review. Incomplete applications will only be held for 10 days. If you would like your incomplete packet returned please enclose a stamped, self-addressed envelope\***

# Site and Floor Plan Examples

PLOT PLAN EXAMPLE







# CITY OF READING ZONING PERMIT

TAX PARCEL ID # \_\_\_\_\_

PERMIT # \_\_\_\_\_

**THIS BOXED AREA TO BE COMPLETED BY THE APPLICANT**

**\*\*\*Be aware PA crimes codes CC4904 provides for penalties for false statements or misrepresentations\*\*\***

SUBJECT ADDRESS \_\_\_\_\_  
NUMBER STREET ZIP CODE

RECORDED DEED PROPERTY OWNER NAME(S): \_\_\_\_\_

TELEPHONE # NUMBER STREET ZIP CODE

**\*\*\*APPLICANT MUST HAVE PROPER LEGAL STANDING TO SUBMIT THIS PERMIT APPLICATION\*\*\***

APPLICANT NAME TELEPHONE # EMAIL

APPLICANT'S ADDRESS - NUMBER STREET ZIP CODE

APPLICANT IS: OWNER \_\_\_\_ TENANT \_\_\_\_ CONTRACTOR \_\_\_\_ BUSINESS PRIVILEGE LICENSE Y/N? \_\_\_\_  
IF APPLICANT IS A CONTRACTOR, PROVIDE BUSINESS PRIVILEGE LICENSE NUMBER \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_  
NAME DATE SUBMITTED

DESCRIBE EXISTING USE : \_\_\_\_\_

DESCRIBE PROPOSED USE: \_\_\_\_\_

LAST APPR'D USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

**PURPOSE:** A NEW, RELOCATED, OR EXPANDED STRUCTURE, PARKING AREA OR SIGN ☐ CREATION OF A USE ☐  
CHANGE OF USE (INCL TO NUMBER OF DWELLING UNITS) ☐ NON-CONFORMING USE, BLDG OR LOT ☐

APPROVED: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_  
ZONING OFFICIAL DATE

COMMENTS: \_\_\_\_\_

DENIED: \_\_\_\_\_ REASON(S) FOR DENIAL: \_\_\_\_\_  
ZONING OFFICIAL DATE

ZHB: DATE: \_\_\_\_\_ GRANTED \_\_\_\_ DENIED \_\_\_\_ PC: PLAN RECORDED Y/N \_\_\_\_ N/A \_\_\_\_

ATTN: ADDITIONAL PERMITS AND/OR APPROVALS MAY ALSO BE REQUIRED BY THE CITY DEPARTMENTS BELOW:

BLDG CODES \_\_\_\_ HEALTH/HOUSING \_\_\_\_ FIRE \_\_\_\_ PUBLIC WORKS \_\_\_\_ HISTORIC \_\_\_\_ PLANNING \_\_\_\_

This permit applies to **ZONING ONLY** and shall not relieve the applicant from obtaining other such permits as may be required by law. Violation of any provision of this ordinance, including falsification of information on this permit shall be punishable by a fine not to exceed \$500.00 or by imprisonment not to exceed 60 days.

DATE STAMP RECEIVED \_\_\_\_\_

# PLOT PLAN

Rear of Property Line

Side of Property

Side of Property

Front Property Line

1 square (1/2 inch) = \_\_\_\_\_ feet

Show all existing and proposed structures and buildings, including porches, patio, decks, sheds, sidewalks, garages, parking pad, pools and driveways. Also indicate the setbacks of all structures and buildings from all property lines.

For fences: provide the type of fence, the placement of fence, the height and length of fence. For fences that face the street the height cannot be higher the four (4) feet.



CITY OF READING, PENNSYLVANIA

Owner Authorization for Zoning Permit Application

NOTICE: PA CRIMES CODE (18 Pa.C.S. § 4904) PROVIDES CRIMINAL PENALTIES FOR MAKING A FALSE STATEMENT TO PUBLIC OFFICIALS.

I/We, the undersigned Property Owner(s) or agent thereof, do hereby affirm as follows:

1. I am (we are) the lawful owner(s), or its agent, of the property located at the following address (Subject Property):

Address of Subject Property: \_\_\_\_\_

2. The individual named below (Applicant) has my/our permission to apply for a zoning permit for the use described below at the Subject Property:

Name of Applicant: \_\_\_\_\_

Description of Proposed Use: \_\_\_\_\_

3. By signing this form, I/we acknowledge that enforcement actions for any violations of the City of Reading Zoning Ordinances may be brought against me/us as the owner(s) of the Subject Property, including civil penalties up to \$500 per day.

Ownership type (check one box and complete applicable section only):

☐ Individual

Owner name

Signature

☐ Two or more individuals

Name of each owner

Signature of each owner

☐ LLC/corporation/  
other entity

Owner entity name

Authorized officer's name

Authorized officer's signature

Authorized officer's title

Date Received: \_\_\_\_\_





CITY OF READING, PENNSYLVANIA

Department of Community Development  
Zoning Office  
815 Washington Street, Suite 1-25  
Reading, PA 19601  
(610) 655-6326

**PERSONAL SERVICES WORKSHEET**

TO ACCOMPANY EACH ZONING PERMIT APPLICATION FOR A BARBER OR BEAUTY SHOP, MASSAGE THERAPY, NAIL SALON, OR OTHER PERSONAL SERVICE BUSINESS REQUIRING STATE LICENSE

NOTICE: PA CRIMES CODE (18 Pa.C.S. § 4904) PROVIDES CRIMINAL PENALTIES FOR MAKING A FALSE STATEMENT TO PUBLIC OFFICIALS.

TYPE OF USE:

- ☐ BARBER/BEAUTY SHOP  
☐ LICENSED MASSAGE THERAPY  
☐ NAIL SALON  
☐ OTHER: \_\_\_\_\_

NUMBER OF EMPLOYEE STATIONS SHOWN ON PLAN: \_\_\_\_\_

NUMBER OF LICENSED PERSONS ON PREMISES: \_\_\_\_\_

*If number of licensed persons different from number of stations, please explain:*

NAME OF EACH PERSON(S) WHO WILL BE ON PREMISES DURING HOURS OF OPERATION AND IS LICENSED BY THE COMMONWEALTH OF PENNSYLVANIA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH COPY OF APPLICABLE PENNSYLVANIA LICENSE FOR EACH INDIVIDUAL NAMED ABOVE.

VERIFICATION

I am the applicant for zoning approval of the above-referenced use and I hereby certify under penalty of law that a state-licensed individual will be on the premises during all hours that the use is in operation in accordance with § 600-1103 of the City of Reading Zoning Ordinance and/or other applicable law. I understand that proof of such license may be required to be shown immediately upon request by any City or state employee.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date